

Supreme Court of Florida

No. SC2026-0041

IN RE: AMENDMENTS TO FLORIDA RULES OF APPELLATE PROCEDURE 9.370 AND 9.900.

October 8, 2026

PER CURIAM.

The Florida Bar’s Appellate Court Rules Committee filed a report proposing amendments to Florida Rules of Appellate Procedure 9.370 (Amicus Curiae) and 9.900 (Forms).¹ The Court published the proposed amendments for comment, but no comments were received. We adopt the amendments as proposed by the Committee and discuss the more significant amendments below.

First, in rule 9.370, we amend subdivision (b) (Contents and Form) to clarify that the statement of the identity of the amicus curiae and its interest in the case is included in the word count.

1. We have jurisdiction. See art. V, § 2(a), Fla. Const.; see also Fla. R. Gen. Prac. & Jud. Admin. 2.140(b)(1).

Next, throughout rule 9.900, we amend the forms to include a certificate of service. Additionally, in subdivision (m) (Notice of Constitutional Question), we add a certificate of service specifically for the attorney general, who is required to be served in those cases raising a constitutional challenge to a state statute or state constitutional provision under rule 9.425.

Accordingly, the Florida Rules of Appellate Procedure are amended as set forth in the appendix to this opinion. New language is indicated by underscoring; deletions are indicated by struck-through type. The amendments become effective January 1, 2027, at 12:01 a.m.

It is so ordered.

COURIEL, C.J., and LABARGA, MUÑIZ, GROSSHANS, FRANCIS, BARRIOS, and TANENBAUM, JJ., concur.

THE FILING OF A MOTION FOR REHEARING SHALL NOT ALTER THE EFFECTIVE DATE OF THESE AMENDMENTS.

Original Proceeding – Florida Rules of Appellate Procedure

Hon. Carrie Ann Wozniak, Chair, Appellate Court Rules Committee, Lakeland, Florida, Dwayne Antonio Robinson, Past Chair, Appellate Court Rules Committee, Miami, Florida, Joshua E. Doyle, Executive Director, The Florida Bar, Tallahassee, Florida, and Heather Savage Telfer, Staff Liaison, The Florida Bar, Tallahassee, Florida,

for Petitioner

APPENDIX

RULE 9.370. AMICUS CURIAE

(a) [No Change]

(b) **Contents and Form.** An amicus brief must comply with rule 9.210(b) but ~~shall~~must omit a statement of the case and facts and may not exceed 5,000 words if computer-generated or 20 pages if handwritten or typewritten. The cover must identify the party or parties supported. An amicus brief must include a concise statement of the identity of the amicus curiae and its interest in the case, which is included in the word count.

(c) [No Change]

(d) **Notice of Intent to File Amicus Brief in the Supreme Court of Florida.** When a party has invoked the discretionary jurisdiction of the supreme court, an amicus curiae may file a notice with the court indicating its intent to seek leave to file an amicus brief on the merits should the court accept jurisdiction. The notice ~~shall~~must state briefly why the case is of interest to the amicus curiae, but ~~shall~~must not contain argument. The body of the notice ~~shall~~must not exceed 250 words if computer-generated or 1 page if handwritten or typewritten.

Committee Notes

[No Change]

RULE 9.900. FORMS

(a) Notice of Appeal.

IN THE(NAME OF THE LOWER
TRIBUNAL WHOSE ORDER IS TO
BE REVIEWED).....

Case No. _____

_____,)
Defendant/Appellant,)
)
v.)
)
_____,)
Plaintiff/Appellee.)
_____)

NOTICE OF APPEAL

NOTICE IS GIVEN that _____, Defendant/Appellant, appeals to the
.....(name of court that has appellate jurisdiction)....., the order of this court
rendered [see rule 9.020(h)](date)..... [Conformed copies of orders
designated in the notice of appeal must be attached in accordance with rules
9.110(d), and 9.160(c).] The nature of the order is a final order(state nature
of the order)..... [If a motion postponing rendition is pending in the lower
tribunal, state the nature of the motion and the date it was filed.]

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

(b) Notice of Cross-Appeal.

IN THE(NAME OF THE LOWER
TRIBUNAL WHOSE ORDER IS TO
BE REVIEWED).....

Case No. _____

_____,)
Defendant/Appellant/)
Cross-Appellee,)
)
v.)
)
_____,)
Plaintiff/Appellee/)
Cross-Appellant.)
_____)

NOTICE OF CROSS-APPEAL

NOTICE IS GIVEN that _____, Plaintiff/Cross-Appellant, appeals to the(name of court that has appellate jurisdiction)....., the order of this court rendered [see rule 9.020(h)](date)..... The nature of the order is a final order(state nature of the order).....

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

(c) Notice of Appeal of Nonfinal Order.

(1) *Notice of Appeal of Nonfinal Order.*

IN THE(NAME OF THE LOWER
TRIBUNAL WHOSE ORDER IS TO
BE REVIEWED).....

Case No. _____

_____,
Defendant/Appellant,)
)
)
v.)
)
_____,
Plaintiff/Appellee.)
)
_____)

NOTICE OF APPEAL OF A
NONFINAL ORDER

NOTICE IS GIVEN that _____, Defendant/Appellant, appeals to
the(name of court that has appellate jurisdiction)....., the order of this court
rendered [see rule 9.020(h)](date of order).....

The nature of the order is a nonfinal order(state nature of the
order)..... under Florida Rule of Appellate Procedure(state specific rule
number and subdivision).....

[Any orders designated in the notice of appeal must be attached in
accordance with rules 9.110(d), 9.130(c), and 9.160(c).]

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

(2) *Notice of Cross-Appeal of Nonfinal Order.*

IN THE(NAME OF THE LOWER
TRIBUNAL WHOSE ORDER IS TO
BE REVIEWED).....

Case No. _____

_____,)
Defendant/Appellant/
Cross-Appellee,)
)
v.)
)
_____,)
Plaintiff/Appellee/
Cross-Appellant.)
_____)

NOTICE OF CROSS-APPEAL
OF A NONFINAL ORDER

NOTICE IS GIVEN that _____, Plaintiff/Cross-Appellant, appeals
to the(name of court that has appellate jurisdiction)....., the order of this
court rendered [see rule 9.020(h)](date of order).....

The nature of the order is a nonfinal order(state nature of the
order)..... under Florida Rule of Appellate Procedure(state specific rule
number and subdivision).....

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

(d) Notice to Invoke Discretionary Jurisdiction of Supreme Court.

IN THE DISTRICT COURT OF
APPEAL OF FLORIDA,
_____ DISTRICT

Case No. _____

_____,)
Defendant/Petitioner,)
)
v.)
)
_____,)
Plaintiff/Respondent.)
)
_____)

NOTICE TO INVOKE
DISCRETIONARY
JURISDICTION

NOTICE IS GIVEN that _____, Defendant/Petitioner, invokes the discretionary jurisdiction of the supreme court to review the decision of this court rendered [see rule 9.020(i)](date)..... The decision(state why the decision is within the supreme court's jurisdiction).....¹

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

1. The choices are:

- a. expressly declares valid a state statute.
- b. expressly construes a provision of the state or federal constitution.
- c. expressly affects a class of constitutional or state officers.

d. expressly and directly conflicts with a decision of another district court of appeal or of the supreme court on the same question of law.

e. passes on a question certified to be of great public importance.

f. is certified to be in direct conflict with decisions of other district courts of appeal.

See rule 9.030(a)(2)(A).

(e) Notice of Administrative Appeal.

IN THE(NAME OF AGENCY,
OFFICER, BOARD, COMMISSION,
OR BODY WHOSE ORDER IS TO BE
REVIEWED).....

Case No. _____

_____,)
Defendant* / Appellant,)
)
v.)
)
_____,)
Plaintiff* / Appellee.)
)
_____)

NOTICE OF ADMINISTRATIVE
APPEAL

NOTICE IS GIVEN that _____, Appellant, appeals to the(name of court that has appellate jurisdiction)....., the order of this(name of agency, officer, board, commission, or body whose order is to be reviewed)..... rendered [see rule 9.020(h)](date)..... [Conformed copies of orders designated in the notice of appeal must be attached in accordance with rules 9.110(d) and 9.130(c).] The nature of the order is(state nature of the order).....

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....

.....(address, e-mail address, and
phone number).....
Florida Bar No.

*or other appropriate designation.

(f) [No Change]

(g) Directions to Clerk of the Lower Tribunal.

IN THE(NAME OF THE LOWER
TRIBUNAL WHOSE ORDER IS TO
BE REVIEWED).....

Case No. _____

_____,)
Plaintiff/Appellant,)
)
v.)
)
_____,)
Defendant/Appellee.)
)
_____)

DIRECTIONS TO CLERK

Plaintiff/Appellant, _____, directs the clerk to
.....(include/exclude)..... the following items(in/from)..... the record
described in rule 9.200(a)(1):

ITEM

DATE FILED

1.

[List of Desired Items]

2.

Note: This form is necessary only if a party does not wish to rely on the
record that will be automatically prepared by the clerk of the lower tribunal
under rule 9.200(a)(1).

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____
E-mail(s) or mailing address(es) used for service: _____
By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

(h) Designation to Approved Court Reporter, Civil Court Reporter, or Approved Transcriptionist.

IN THE(NAME OF THE LOWER
TRIBUNAL WHOSE ORDER IS TO
BE REVIEWED).....

Case No. _____

_____,	)	
Plaintiff/Appellant,	)	DESIGNATION TO APPROVED
	)	COURT REPORTER, CIVIL COURT
v.	)	REPORTER, OR APPROVED
	)	TRANSCRIPTIONIST, AND
_____,	)	REPORTER'S OR APPROVED
Defendant/Appellee.	)	TRANSCRIPTIONIST'S
	)	ACKNOWLEDGEMENT
_____	)	

I. DESIGNATION

Plaintiff/Appellant, _____, files this Designation to Approved Court Reporter, Civil Court Reporter, or Approved Transcriptionist and directs(name of approved court reporter, civil court reporter, or approved transcriptionist)..... to transcribe the following portions of the trial proceedings to be used in this appeal [for cases ~~wherein~~ in which a party is exempt from service by electronic mail as set forth in the Florida Rules of General Practice and Judicial Administration, state the following, and provide paper copies of the transcript(s) in paper format]:

1. The entire trial proceedings recorded by the reporter on(date)....., before the Honorable(judge)....., except _____.

2. [Indicate all other portions of reported proceedings.]

3. The approved court reporter, civil court reporter, or approved transcriptionist is directed to file the original with the clerk of the lower tribunal and to serve 1 copy on each of the following:

- 1.
- 2.
- 3.

I, counsel for appellant, certify that I have made satisfactory financial arrangements with the approved court reporter, civil court reporter, or approved transcriptionist for preparation of the transcript, and I have served a designation on the approved court reporter, civil court reporter, or approved transcriptionist.

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

II. APPROVED COURT REPORTER'S, CIVIL COURT REPORTER'S, OR APPROVED TRANSCRIPTIONIST'S ACKNOWLEDGMENT

1. The foregoing designation was served on(date)....., and received on(date).....

2. Satisfactory arrangements have () have not () been made for payment of the transcript cost. These financial arrangements were completed on(date).....

3. Number of trial or hearing days ____.

4. Estimated number of transcript pages ____.

5a. The transcript will be available within 30 days of service of the foregoing designation and will be filed on or before(date).....

OR

5b. For the following reason(s) the approved court reporter, civil court reporter, or approved transcriptionist requests an extension of time of ____ days for preparation of the transcript that will be filed on or before(date).....

6. Completion and filing of this acknowledgment by the approved court reporter, civil court reporter, or approved transcriptionist constitutes submission to the jurisdiction of the court for all purposes in connection with these appellate proceedings.

7. The undersigned approved court reporter, civil court reporter, or approved transcriptionist certifies that the foregoing is true and correct and that a copy has been furnished by mail () hand delivery () e-mail () on(date)....., to each of the parties or their counsel.

Approved Court Reporter, Civil
Court Reporter, or Approved
Transcriptionist
.....(address).....

Note: The foregoing approved court reporter's, civil court reporter's, or approved transcriptionist's acknowledgment to be placed "at the foot of" or attached to a copy of the designation, must be properly completed, signed by the approved court reporter, and filed with the clerk of the appellate court within 5 days of service of the designation on the approved court reporter, civil court reporter, or approved transcriptionist. A copy must be served on all parties or their counsel, who will have 5 days to object to any requested extension of time. See Fla. R. App. P. 9.200(b)(1), (b)(2), (b)(3), & (b)(4).

(i) [No Change]

(j) Notice of Supplemental Authority.

.....(Title of Court).....

Case No. _____

_____,)
Appellant/Petitioner,)
)
v.)
)

NOTICE OF SUPPLEMENTAL
AUTHORITY

_____,)
Appellee/Respondent.)
_____)

[Appellant/Petitioner] [Appellee/Respondent], _____, submits as supplemental authority the [decision/rule/statute/other authority] of _____, a copy of which is attached to this notice. The supplemental authority is pertinent to the issue on appeal identified as _____ and [discussed on pages _____ of the _____ brief] [raised at oral argument].

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

(k) Notice of Related Case.

.....(Title of Court).....

Case No. _____

_____,)
Appellant/Petitioner,)
)
v.)
)
_____,)
Appellee/Respondent.)
)
_____)

NOTICE OF RELATED
CASE OR ISSUE

NOTICE IS GIVEN of(case style and number)....., pending in(name of court)....., which is related to this matter because(identify the same facts from which both matters arise or the similar legal issue being addressed in both matters).....

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....

.....(address, e-mail address, and
phone number).....

Florida Bar No.

(l) Notice of Joinder.

.....(Title of Court).....

Case No. _____

_____,)
Appellant/Petitioner,)
)
v.)
)
_____,)
Appellee/Respondent.)
)
)
)

NOTICE OF JOINDER

NOTICE IS GIVEN that _____, [appellee/respondent] elects to
realign as a(n) [appellant/petitioner] in this action, in accordance with rule
9.360(a). The proposed new caption is:

[insert proposed new caption here]

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

(m) Notice of Constitutional Question.

IN THE DISTRICT COURT OF
APPEAL OF FLORIDA,
_____ DISTRICT

Case No. _____

_____,)
Appellant/Petitioner,)
)
v.)
)
_____,)
Appellee/Respondent.)
)
_____)

NOTICE TO ATTORNEY
GENERAL

NOTICE IS GIVEN of compliance with Florida Rule of Appellate Procedure 9.425, with respect to the constitutional challenge brought ~~under~~regarding(Florida statute or Florida ~~C~~constitutional provision).....

The undersigned complied by serving the Attorney General for the State of Florida with a copy of the ~~pleading or motion~~document challenging(Florida statute or Florida ~~C~~constitutional provision)....., by(e-mail) (mail) (delivery)..... on(date).....

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of Attorney General for the State of Florida: _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....

.....(address, e-mail address, and
phone number).....
Florida Bar No.

(n) Notice of Termination of Limited Appearance.

.....(Title of Court).....

Case No. _____

_____,)
Appellant/Petitioner,)
)
v.)
)
_____,)
Appellee/Respondent.)
)
_____)

**NOTICE OF TERMINATION OF
LIMITED APPEARANCE**

NOTICE IS GIVEN that(attorney's name)..... has completed the particular matter or portion of the proceeding in which the attorney appeared and now wishes to terminate the limited appearance. The client's address is:(client's address)..... The counsel's contact information is:(name, address, e-mail address, and telephone number).....

I certify that I will serve this ~~motion~~notice on the client, counsel, and all adverse parties.

CERTIFICATE OF SERVICE

I certify that on(date)..... this document has been provided to:

Name of attorney(s) or other person served: _____

Party(ies) represented (if serving an attorney): _____

E-mail(s) or mailing address(es) used for service: _____

By (choose 1): portal (), e-mail (), delivery (), or mail ().

[Add an additional block for each additional party or person served.]

Attorney for(name of party).....
.....(address, e-mail address, and
phone number).....
Florida Bar No.

Committee Notes

[No Change]